Team Up to Measure Up
Section 2
May 1, 2017

Presented by:
Sharon Phelps, BSN,
Sarah Leake, MBA,CPHIMS
Deb Anderson, CPHIMS

HTS, a department of Mountain-Pacific
Quality Health Foundation

eClinical Quality Improvement

A Quick Look and Example

What is eCQI?

▸ Optimizing health information technology (HIT) and standardized electronic data to achieve measureable improvement in quality of care

▸ Incorporating the data and functionality of your EHR into your quality improvement projects.

▸ Health IT enabled Clinical QI
 ◦ Additional resources available at -
  ◦ https://ecqi.healthit.gov/

eCQI Methodology

- Creates an approach to assist clinics and hospitals learn the elements of and incorporate the electronic components/data into their quality improvement projects
- Utilizes aspects of an agile delivery cycle, which focuses on achieving value added changes quickly and efficiently, one change at a time.
  - Cycles are called "Sprints"
  - Goal is to provide valuable output in 2-6 week timeframe
  - Based on the PDSA Quality improvement cycle
- HTS created a eCQI toolkit, funded by the MT Department of Public Health and Human Services

Remember this???

▸ eCQI is how you get there
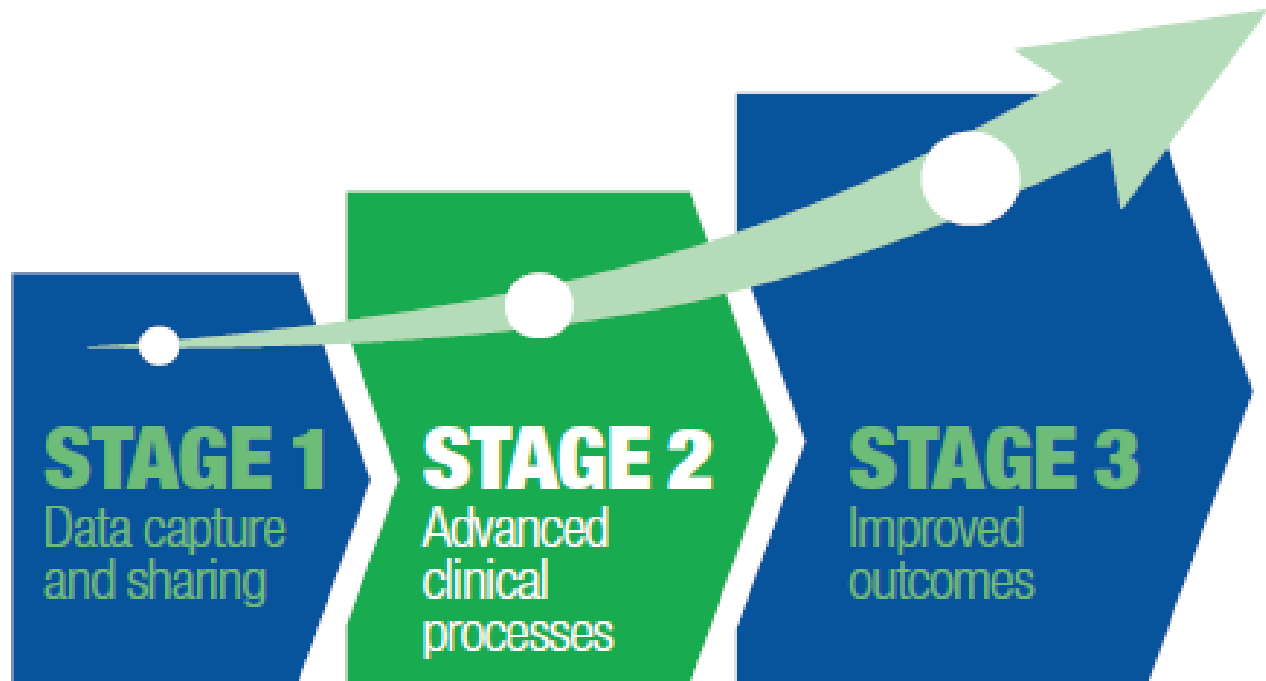
eCQI Process includes:

- Leveraging EHR functionality
- Using evidence based clinical best practices
- Standardizing data tracking and analytics
- Performing workflow analysis/review
- Incorporating proven quality ir methodologies (PDSA)
- Managing the process with a c management structure
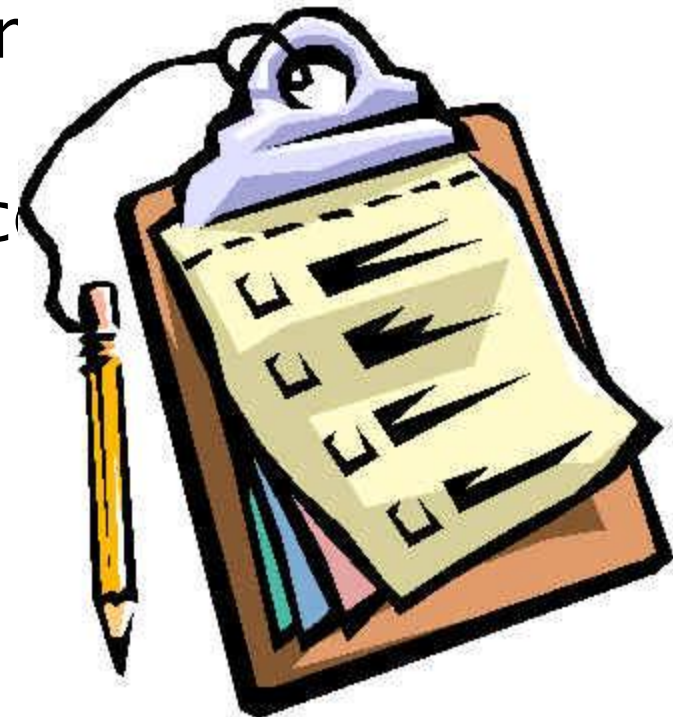
eCQI Process

1. Identify Project Scope (Outcome Measure – top level item you want to change)
2. Choose a project team
3. Create Change Backlog (a list of possible changes/process measures that will help improve the outcome measure)
4. Prioritize Change Backlog based on "value" of each change
5. Create Sprint Backlog (identify item(s) to be included in first "sprint" or PDSA Cycle)
6. Plan "Sprint"/PDSA Cycle, perform workflow analysis
7. Complete PDSA Cycle
8. Perform a Sprint Review
9. Review, update and reprioritize Change Backlog
10. Begin new Sprint

eCQI Process Steps

Tools of eCQI

- SMART Goals
- Plan Do Study Act cycles
- Change Management and tracking (change backlog)
- Data Validation
- Workflow definition, analysis and change

eCQI Related Project Plans

Two types of Plans

- High level project scope, goal, team and changes identified to reach outcomes
- PDSA/Sprint level plan for each improvement cycle

eCQI Step – Identify Goal

- Align with other QI requirements (CMS, payer, internal goals, COPs, compliance, etc)
- Identify ROI/business case for improvement
- Identify evaluation measure for goal
  ◦ Standard data measure (NQF, IQR, CMS,etc)
  ◦ SMART (specific, measurable, actionable, relevant and time based) goal
- Identify how data for evaluation measure will be obtained (EHR standard or custom report, manual chart abstraction or logs, etc) – use EHR or automated process if possible

Project Scope

▸ Answer this question: What are we trying to accomplish?

▸ Establish a goal (make it a SMART Goal)
  ◦ S – specific
  ◦ M – measureable
  ◦ A – actionable
  ◦ R- relevant
  ◦ T – time bound

▸ Define evaluation measures (use standard eCQM/PQRS/IQR, etc data)

▸ Identify project constraints

transforming health care through innovative technology

eCQI PROJECT SCOPE/ CHANGE BACKLOG - Template
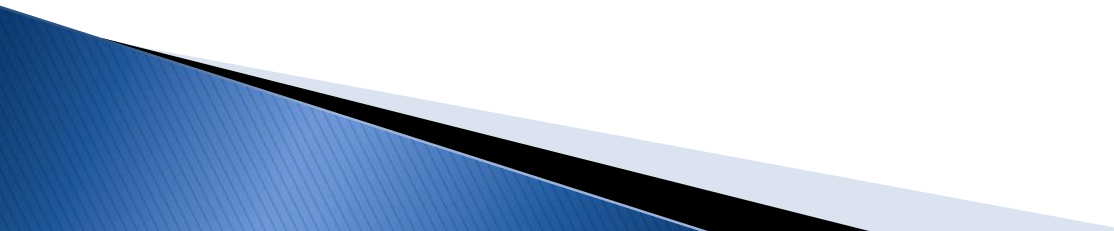
Project Aim: (what are we trying to accomplish)
Goal: (make sure goal is SMART)

Project Constraints: (what are the boundaries for this project)
Budget:
Schedule:
Quality:
Other: (Policies, Regulations, Senior Management requirements)

Evaluation Measure (use standardized data, easily obtainable if possible - examples include PQRS, NQF, CMS, IQR and or UDS measures)

Measure	Description	Data Source	Target Performance	Current Performance	Current Performance Date

| **Project Team**			
Name	**Title/Department**	**Role**	**Responsibilities**

eCQI Steps – Data Analysis

- Establish baseline data for QI measure
- Review correct electronic/data workflow (in EHR) for population of quality report
- Train staff on correct workflow and perform ongoing audits to confirm correct use of data entry
- Establish an ongoing data tracking process to guide QI project

Layers of Process Flows

Focuses on review of work process/flows

- **Physical** – Such as, environmental layout of patient room, equipment, devices & supplies.

- **Electronic** – How is the work documented? What screens and fields are used?

- **Data** –

  - Where does the information documented go?
  - Why does it go there (triggers or reports)?
  - How does it get there (interfaces, uploads, etc)
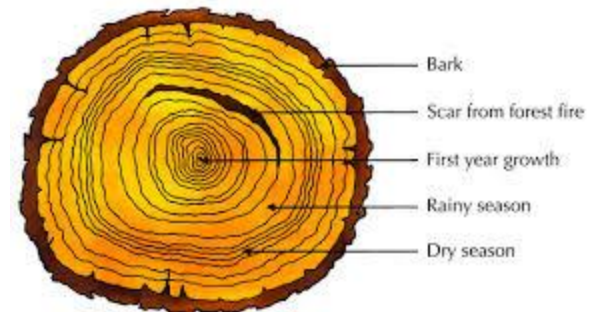
Streamlined eCQI Process Model
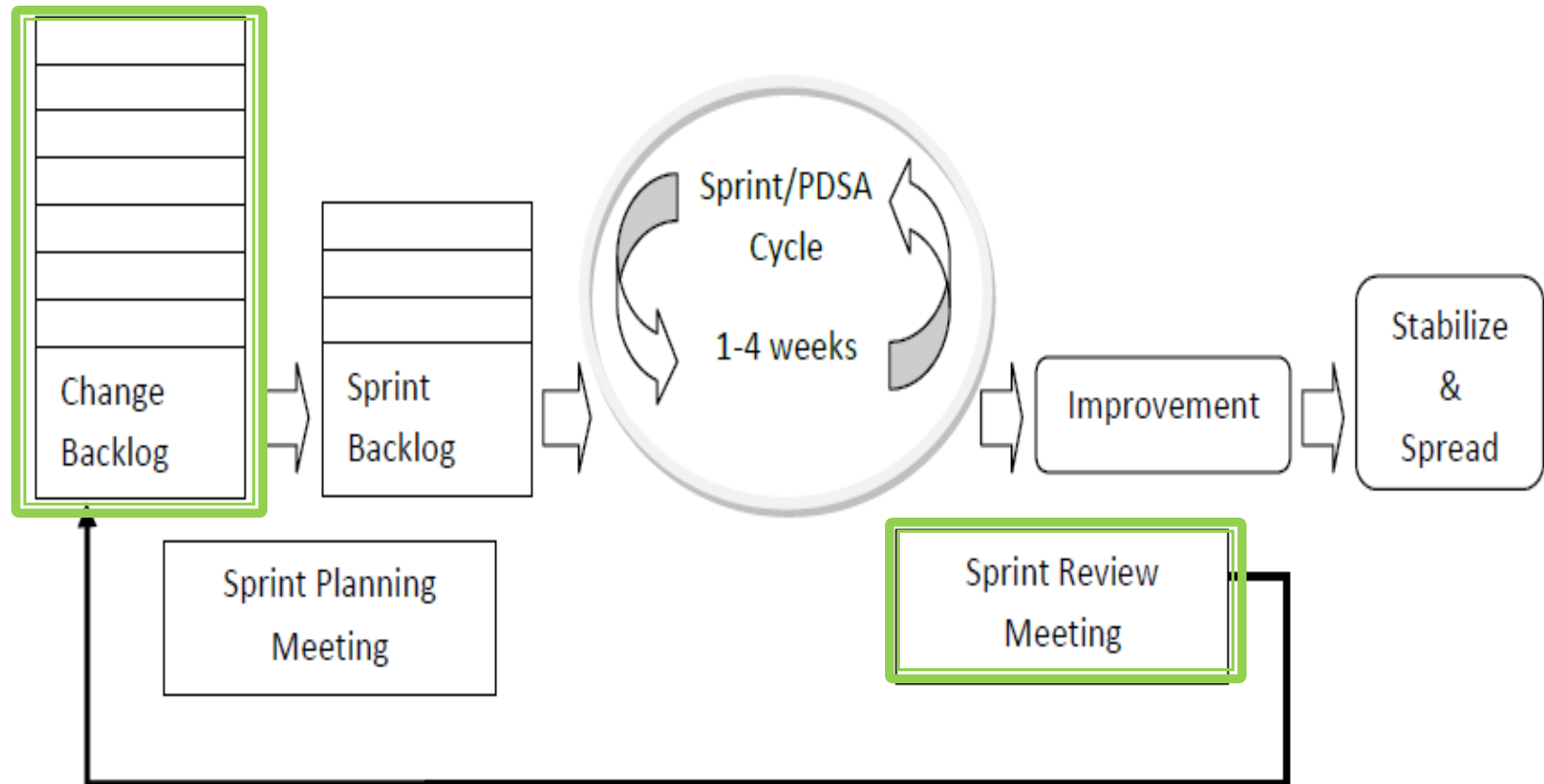
eCQI Step – Sprint Review Meeting->Change Backlog

- Brainstorm/Identify possible changes
- Considerations
  - Review possible EHR Functionality and Clinical Workflow
  - Streamline Activities
  - Align with other Quality & Improvement Activities
  - Leverage functionality and Data of EHR and systems
- Prioritize Change Backlog
- Identify Changes to include in the Sprint and PDSA cycle

Streamlined eCQI Process Model
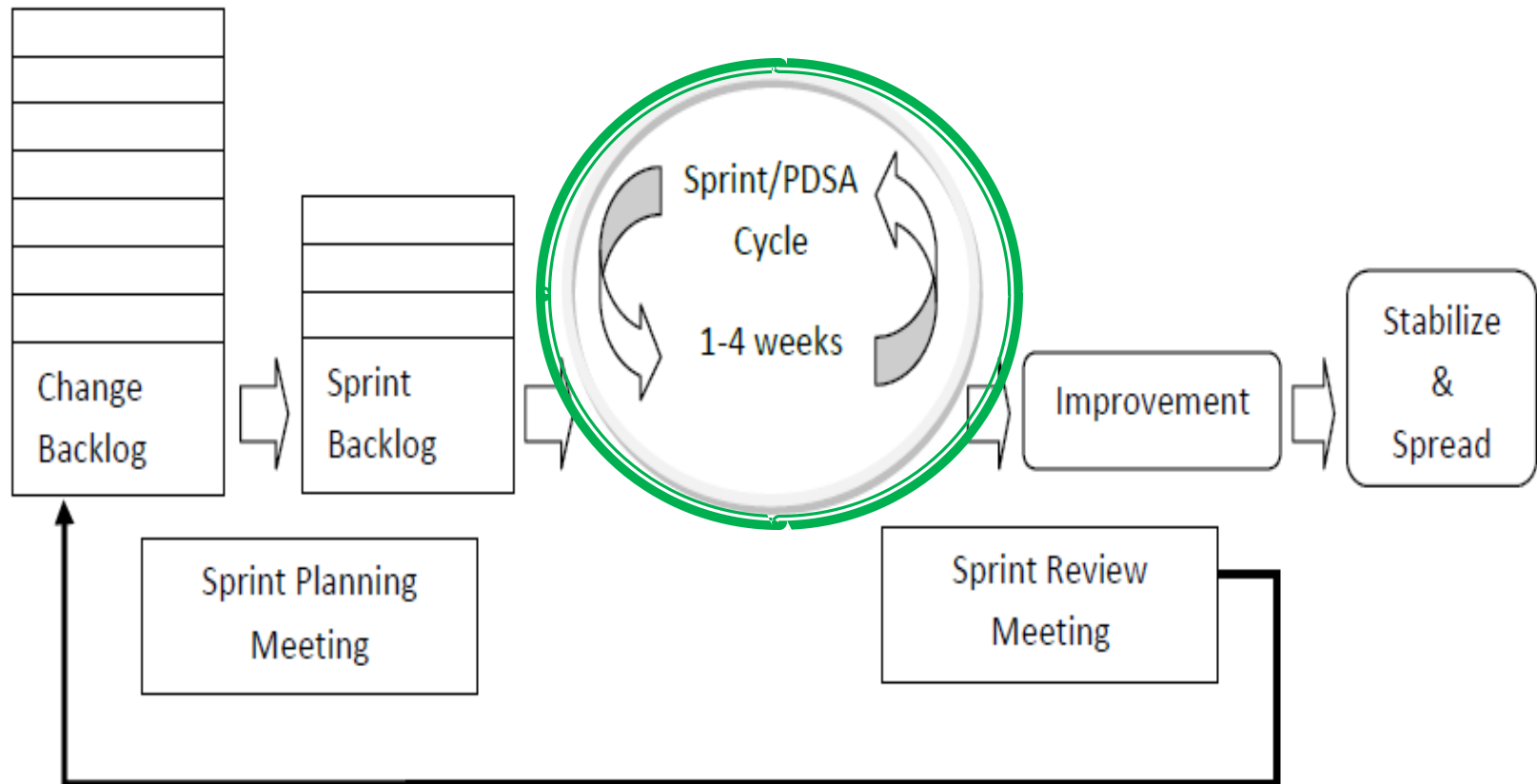
eCQI Step – Identify a Sprint/PDSA Plan

- Identify a measureable goal for the sprint
- Use standard data measures, easily accessible and repeatable
- Establish baseline data, if one is not already available (make step one of plan if needed)
  - Determine a target goal for improvement
- Tasks to keep in mind for PDSA plan:
  - Reviewing electronic, data entry and physical workflows
  - Leveraging EHR functionality whenever possible
  - Implementing clinical best practices to support improvement

PDSA – Quality Improvement Methodology

▸ Iterative, four-stage problem-solving model used for improving a process

▸ Simple yet powerful tool for accelerating change

▸ Ongoing cycle with strong emphasis of the use of data for decision making and to verify performance
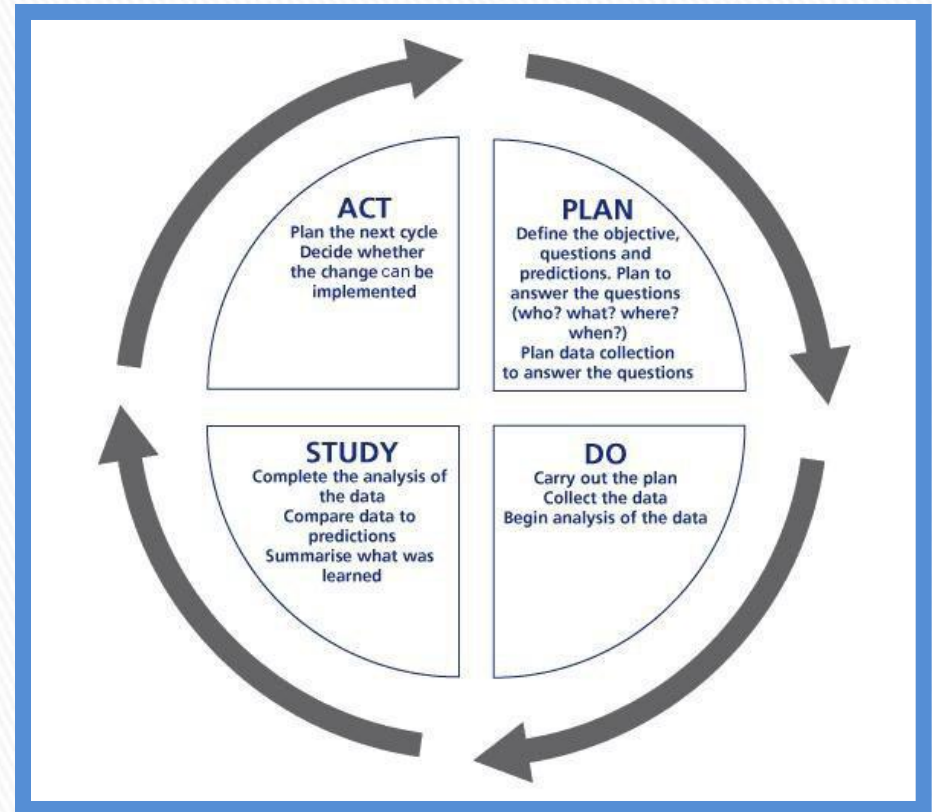
Date: Sprint/PDSA Cycle #

Outcome Measure: (Project Goal – from Project Scope/Change Backlog Template)

Sprint/PDSA Cycle Aim: (make a SMART goal)

Evaluation Measure for this Aim: (use standardized data, easily obtainable if possible - examples include PQRS, NQF, CMS, IQR and or UDS measures)					
Measure	Description	Data Source	Target Performance	Current Performance	Current Performance Date

Sprint/PDSA Cycle Team			
Name	Title/Department	Role	Responsibilities
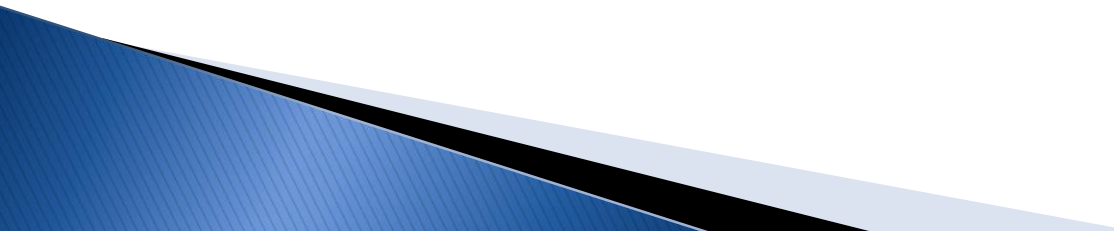
Plan

List the tasks needed to set up this test of change	Person responsible	When to be done	Notes
Task 1:			
Task 2:			
Task 3:			
Task 4:			
Task 5:			
Task 6: (add more rows if needed)			

eCQI Step – Repeat Sprint Process

- Have a sprint review meeting to discuss what worked well, what you learned
- Update the "do", "study" and "act" sections of the PDSA worksheet to document your findings.
- Go back to the change backlog and update it based on your findings
- Prioritize the list and identify your next sprint
- Continue with this cycle until the overall project goal is met.

Track and Monitor

- Use both the high level project plan and the PDSA worksheet/sprint plans to manage project
- Use project status reports to track day to day work and communicate with project team and project sponsor
- You decide on a case by case basis how to manage each scope (have one scope, sub scopes, etc, a charter, etc) based on risk and complexity
- Stay flexible on use of documents – they are meant to enhance the process – not hinder it

# TEamWork is your Responsibility

▶ Establish and adhere to ground rules for the project
  ◦ Be on Time – Set aside this time to focus
  ◦ Actively Participate in all Meetings
  ◦ Know your expectations be Prepared with your meeting commitments
  ◦ Be a role model for accountability

Small Successes Drive Enthusiasm and Reward.

Process not a Project

▸ Build into your culture and business.
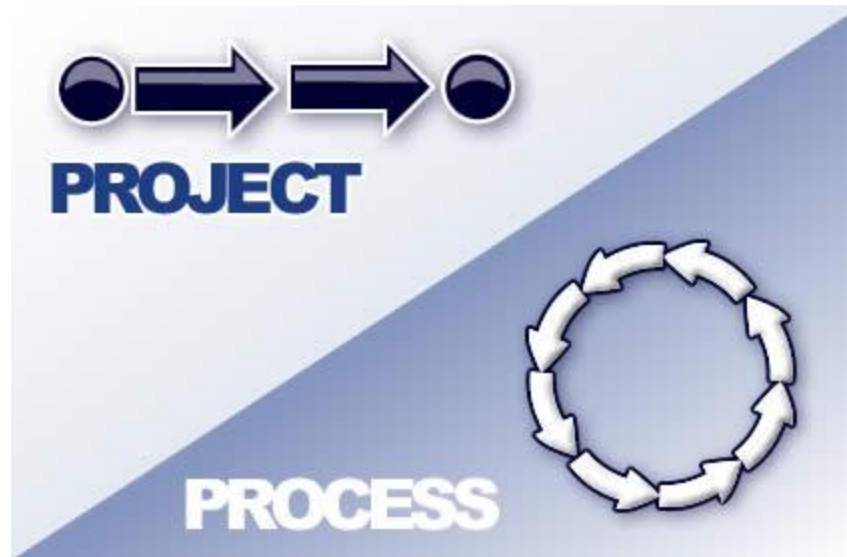
EHR Functionality for eCQI

- **Clinical Decision Support (CDS)**
  - Target conditions and standardize treatments
    - **Data Display**: flow sheets, patient data reports and graphic displays
    - **Workflow Assistance**: task lists, patient status lists, integrated clinical and financial tools
    - **Data Entry**: templates to guide documentation and structured data collection
    - **Decision Making**: access to resources rule based alerts, clinical guidelines or pathways, patient / family preferences, and diagnostic decision support

EHR Functionality for eCQI

- **Patient Education/discharge instructions**
  - Provide credible source of information
  - Encourage patient engagement
  - Assist with transition of care
- **Patient Reminders**
  - Proactive preventative care
  - Follow up and care coordination
- **Lab interfaces** (or lab results as structured data)
  - Data points retrieved from lab results
  - Lab results (structured data) enhances use of clinical decision support rules or guidelines at the point of care

EHR Functionality for eCQI

- **HIE/Transition of Care /Discharge info/Public Health Registries**
  - Improve communication between providers and/or facilities.
  - Provide and enhance continuity of care delivery.
  - Data collection and analytics
  - Population health data
- **CPOE (computer provider order entry)**
  - Data points can be retrieved from CPOE to effect care improvement
  - CPOE enhances use of clinical decision support rules or guidelines at the point of care
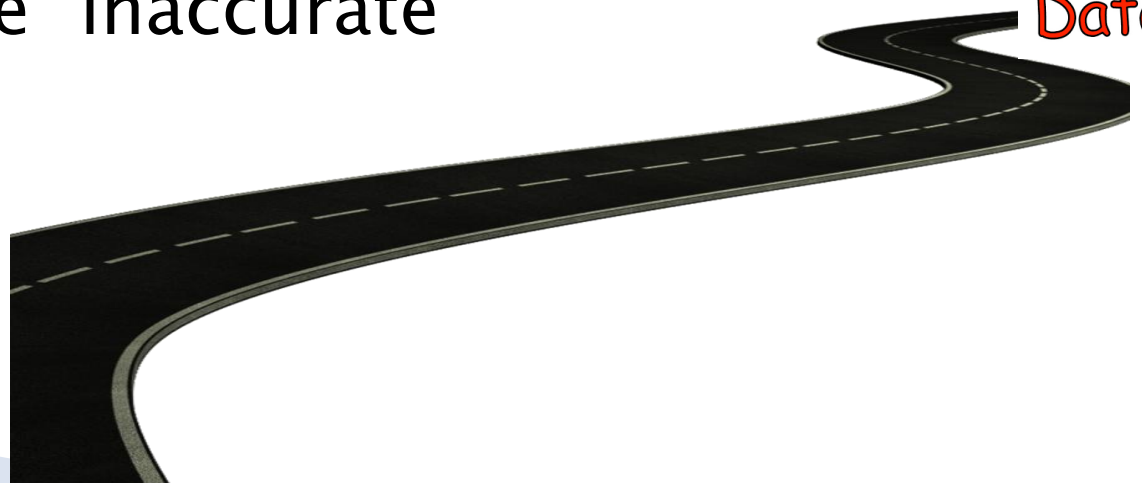
All Roads Lead to: Structured Data

- **Key Point:**
  If it is not documented in a discrete field, the system **does not know** it happened and cannot trigger the next event
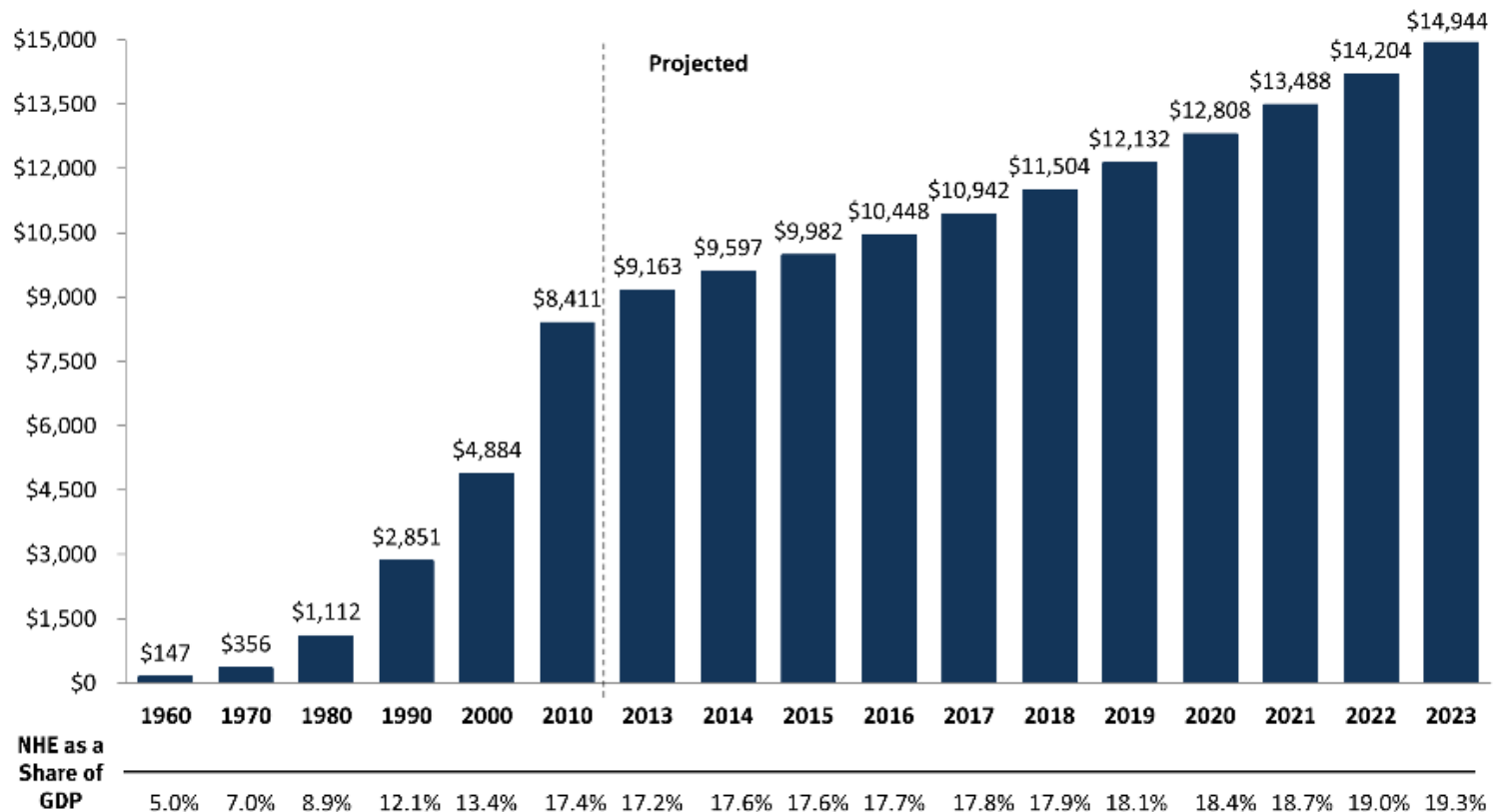- CDS rules and other functionality will not work
- Reports will be "inaccurate"

A look at the WHY for Quality & Value Programs

National Health Expenditures per Capita, 1960 – 2023

National Health Expenditures per Capita, 1960-2023

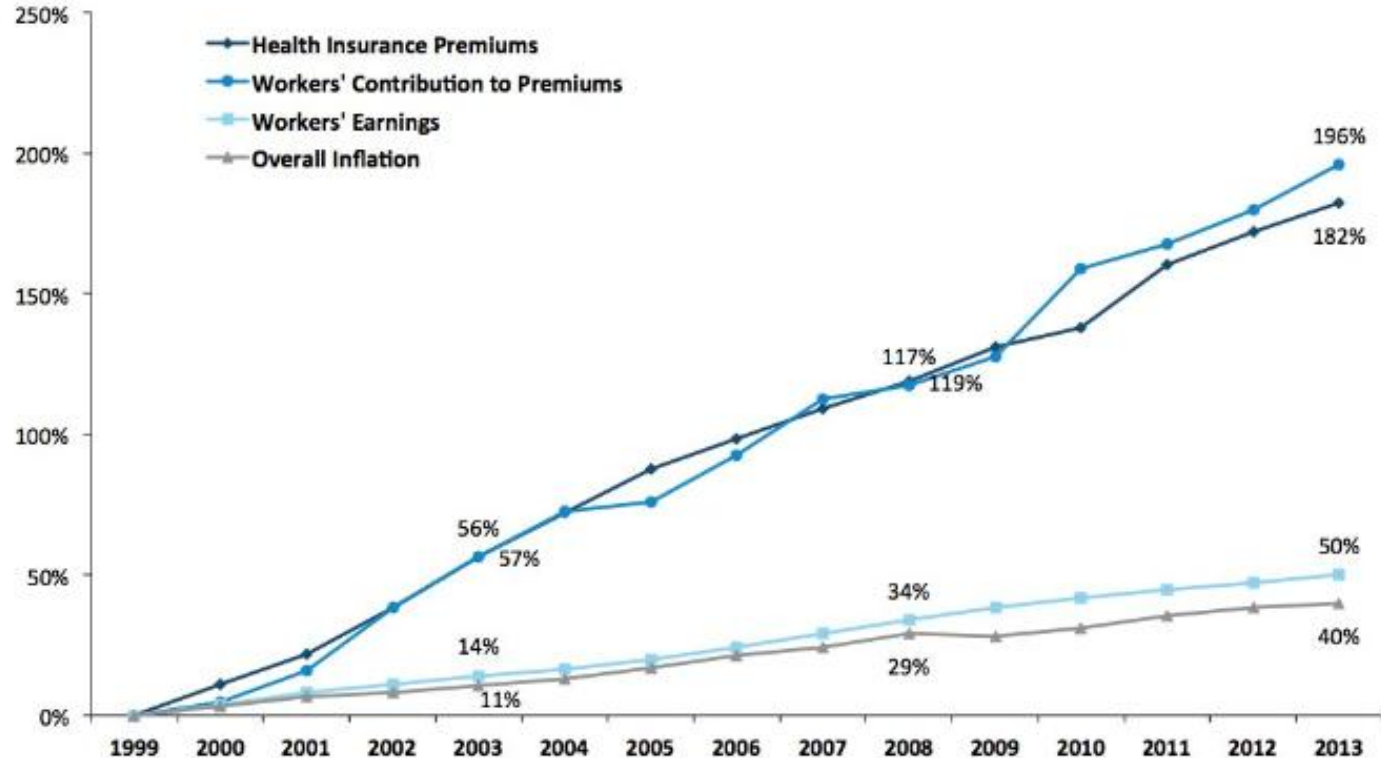| Year	NHE per Capita	NHE as a Share of GDP
1960	$147	5.0%
1970	$356	7.0%
1980	$1,112	8.9%
1990	$2,851	12.1%
2000	$4,884	13.4%
2010	$8,411	17.4%
2013	$9,163	17.2%
2014	$9,597	17.6%
2015	$9,982	17.6%
2016	$10,448	17.7%
2017	$10,942	17.8%
2018	$11,504	17.9%
2019	$12,132	18.1%
2020	$12,808	18.4%
2021	$13,488	18.7%
2022	$14,204	19.0%
2023	$14,944	19.3%

Projected (2013 onward)

NOTE: According to CMS, population is the U.S. Bureau of the Census resident-based population, less armed forces overseas and their dependents.

SOURCE: Kaiser Family Foundation calculations using NHE data from Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, at http://www.cms.hhs.gov/NationalHealthExpendData/ (For 1960-2010 data, see Historical; National Health Expenditures by type of service and source of funds, CY 1960-2012; file nhe2012.zip. For 2013-2023 data, see Projected; NHE Historical and projections, 1965-2023, file nhe65-23.zip).

Health Insurance Premiums vs Workers' Earnings 1999 – 2013

Cumulative Increases in Health Insurance Premiums, Workers' Contributions to Premiums, Inflation, and Workers' Earnings, 1999-2013
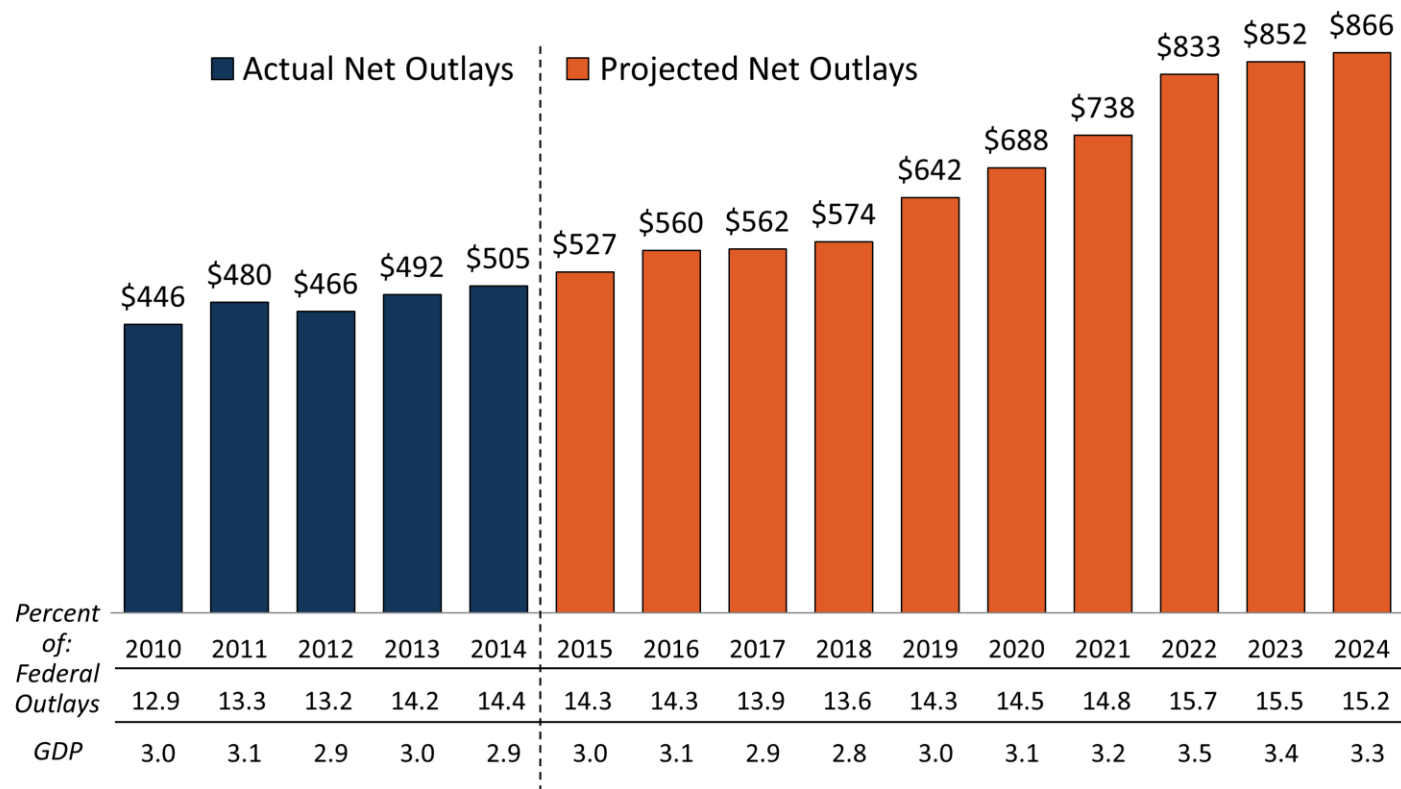
- Health Insurance Premiums
- Workers' Contribution to Premiums
- Workers' Earnings
- Overall Inflation

196%

182%

117%
119%

56%
57%

50%

34%

14%

11%

29%

40%

THE HENRY J.
KAISER
FAMILY
FOUNDATION

Medicare Spending...in Billions

Figure 4

Actual and Projected Net Medicare Spending, 2010-2024

Legend: ■ Actual Net Outlays   ■ Projected Net Outlays

Percent of:	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Net Outlays ($B)	$446	$480	$466	$492	$505	$527	$560	$562	$574	$642	$688	$738	$833	$852	$866
Federal Outlays	12.9	13.3	13.2	14.2	14.4	14.3	14.3	13.9	13.6	14.3	14.5	14.8	15.7	15.5	15.2
GDP	3.0	3.1	2.9	3.0	2.9	3.0	3.1	2.9	2.8	3.0	3.1	3.2	3.5	3.4	3.3

NOTE: All amounts are for federal fiscal years; amounts are in billions and consist of Medicare spending minus income from premiums and other offsetting receipts.
SOURCE: Congressional Budget Office, Updated Budget Projections: 2015 to 2025 (March 2015); The 2015 Long-Term Budget Outlook (June 2015).

THE HENRY J. KAISER FAMILY FOUNDATION

CMS Quality Strategy

Clinician Quality Programs

- Multiple Quality Programs that affect Segments of the Healthcare World.
  - Federal (Medicare, Health Centers)
  - State (Medicaid)
  - Commercial Insurance
- Incentive – positive payment adjustment for doing something extra or exceeding selected benchmarks
- Penalty – negative payment adjustment for not meeting selected criteria or standards

Current Programs affecting eligible professionals (EPs/ECs)

- QPP – Quality Payment Program (MACRA/MIPS)
- TCPI – Transforming Clinical Practice Initiative
  ◦ Example – Caravan
- ACO – Accountable Care Organizations
  ◦ Example, NextGen ACO, NRACC ACO
- UDS – Uniform Data System (Federally Qualified Health Centers)
- HEDIS – Healthcare Effectiveness Data and Information Set (Health Plans)
- PCMH – Patient Centered Medical Home

Quality Program Alignment
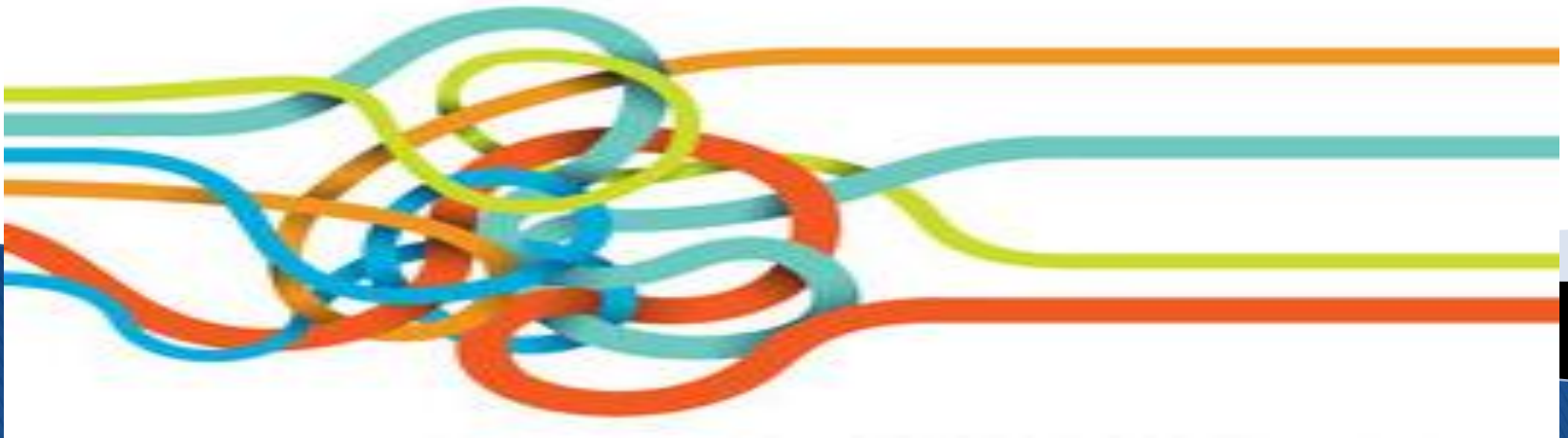
Alignment & Improvement Opportunities

- Review all programs requiring quality measurement and other data
  - Where do the programs cross?
  - If you are allowed to select given measures, can you use the same measures across programs?
  - What measures does your EHR display/report for easy tracking?
  - Review reports that show results for your patients on population health measures (diabetes, blood pressure, prevention items)
- *The goal – CONCENTRATE efforts on a few measures across all required programs to achieve the greatest impact.*

Quality Measures Crosswalk for PCMH 2017[^]

Reference Guide Produced by NCQA

	Measure Title	NQF # (CMS eCQM #)	Population	NCQA eMeasure Certification	CMS/AHIP Consensus Core Set ACO & PCMH	CPC+	HEDIS Plan Level & Medicare Star Rating System	NCQA PCMH 2017 Recognition Credit	Owner (Developer)
ACUTE	Appropriate Treatment for Children with Upper Respiratory Infection	69 (154)	Pediatric	✓			✓	QI 01C	NCQA[1]
BEHAVIORAL HEALTH/ CHRONIC CARE	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/ Hyperactivity Disorder Medication	108 (136)	Pediatric	✓			✓	QI 02A	NCQA
	Dementia: Cognitive Assessment	NA (149)	Adult			✓		QI 01D	AMA PCPI[2]
	Depression Remission at Twelve Months (Outcome)	710 (159)	Adult	✓	✓	✓	✓[‡]	QI 01D	MNCM[3]
	Depression Utilization of the PHQ-9 Tool	712 (160)	Adult	✓			✓[‡]	QI 01D KM 03	MNCM
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	4 (137)	Adult/ Adolescent			✓	✓	KM 04B, 04C QI 01D	NCQA
	Controlling High Blood Pressure (Intermediate Outcome)	18 (165)	Adult	✓	✓	✓	✓★⌘	QI 01C	NCQA
	Coronary Artery Disease: Beta-Blocker Therapy— Prior Myocardial Infarction or Left Ventricular Systolic	NA (145)	Adult					QI 01C	AMA PCPI

Uniform Data Set (UDS) Measure Crosswalk to Other Quality Reporting Programs

NQF#	2017 UDS Quality of Care, Health Outcomes and Disparities Measures	2017 CMS eCQM	2017 CMS Quality Payment Program (QPP)	2017 CMS ACO Quality Measures	ACO/PCMH measures (Consensus Core Set version 1.0)
0032	Cervical Cancer Screening (CCS)	CMS 124v5	309		Yes
0038	Childhood Immunization Status	CMS 117v5	240		
0034	Colorectal Cancer Screening (COL)	CMS 130v5	113	ACO 19	Yes
0059	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	CMS 122v5	001	ACO 27	Yes
0018	Controlling High Blood Pressure	CMS 165v5	236	ACO 28	Yes
N/A	Coronary Artery Disease (CAD): Lipid Therapy				
2508	Dental Sealants for Children between 6-9 Years	CMS 277			
N/A	Early Entry into Prenatal Care				
N/A	HIV Linkage to Care				
0068	Ischemic vascular disease (IVD): Use of Aspirin or Another Antiplatelet	CMS 164v5	204	ACO 30	ACO only

http://cph.uiowa.edu/ruralhealthvalue/files/UDS-Crosswalk-to-Quality-Reporting-Programs-2017.pdf

Challenges

- Inconsistent payer expectations of data available
- Quality measures unavailable in EHR (ie, Care Coordination measures)
- Measure specification versus software workflow & structured data fields
- Software configurations not up to date with current specification
- Provider and staff education / awareness
- Ability to track and trend measure results in a timely fashion.

Multipayer Alignment

- CMS and major commercial health plans, in concert with physician groups and other stakeholders, announce alignment and simplification of quality measures

- Partners…recognize that physicians and other clinicians must currently report multiple quality measures to different entities. *Measure requirements are often not aligned among payers, which has resulted in confusion and complexity for reporting providers.*

- CMS, commercial plans, Medicare & Medicaid managed care plans, purchasers, physician and other care provider organizations, and consumers worked together to identify core sets of quality measures that payers have committed to using for reporting as soon as feasible.
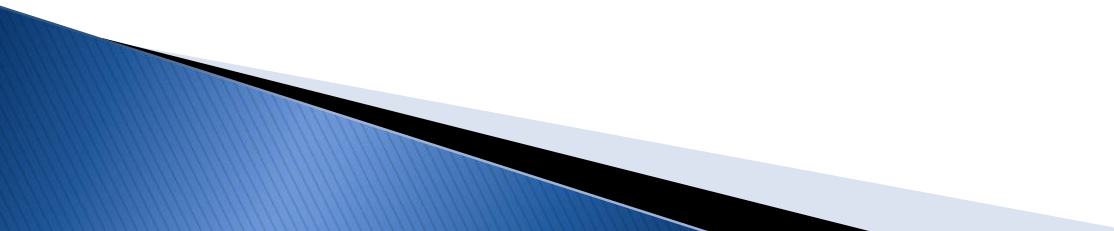
https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-02-16.html

Hospital Program Alignment

Identifying Program Participation

- Conditions of Participation
- Inpatient Quality Reporting
- Outpatient Quality Reporting
- Value-Based Purchasing
- Flex / Medicare Beneficiary Quality Improvement Project (MBQIP)
- EHR Incentive Program
- Hospital Improvement Innovation Network (HIIN)
- State-based requirements / opportunities

Identifying Alignment

- Healthcare Personnel Immunization reporting
- Hospital Acquired Infections / Conditions
- Antibiotic Stewardship
- Care Coordination
- Re-admissions
- Community Coalitions
- Patient & Family Engagement
- Patient Experience

Your Turn!

- Describe an example of alignment that was effective in your facility / clinic?

- Group problem-solve a barrier or challenge in quality reporting, alignment, or improving performance.